10/683746

PAFENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									46/13/19					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE		NTITY	OR		THAN ENTITY	
TO	OTAL CLAIMS		36					RAT	E_	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			Q ← minus 20=		• 6			X\$ 9=		SL	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		· &			X43=		<u> </u>	OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			1		 -	
* If the difference in column 1 is less than zero, enter "0" in column 2										71.54	OR	+290=		
								TOTA	L	434	OR	TOTAL		
		Column 1)	MENDED - PART II (Column 2) (Column 3)					SMAL	.L E	NTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 23	Minus	9	26	=		X\$ 9=	-	_	OR	X\$18=		
AME	Independent	· 2	Minus	***	3		-	X43=			OR	X86=	7	
Ļ	FIRST PRESE	JUTIPLE DEI	PENDENT	CLAIM			+145=			ОВ	+290=			
I_{I}	12, 26						L	TOTA	AL.		OB	TOTAL		
•		(Column 1)	(Column 2) (Column 3)				A	DDIT. FE	E L		J ^{on}	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		2		X\$ 9=	T		OR	X\$18=		
√ME	Independent	*	Minus	***		=		X43=	十		OR	X86=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		 	+145=	十			.200		
									<u>. </u>		OR	+290= TOTAL		
									EL		OR	ADDIT. FEE		
7	(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
N Q	Total	*	Minus	**		s	Γ	X\$ 9=	T		OR	X\$18=		
ME	Independent	•	Minus	***		a	F	X43=	†			X86=		
٦	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		OR	700-		
• 14	the come in setu	nn 1 io loca thas 44	+145=			OR	+290=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE														
		mber Previously Pa ber Previously Paic					tour	d in the a	ייממו	noriate boy	in col	ımın 1		